

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known)

Chapter you are filing under:

Chapter 7

Chapter 11

Chapter 12

Chapter 13

Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Valerie

First name

Middle name

Deaner

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-7765

Debtor 1 Valerie Deane**About Debtor 1:****4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

- I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

EINs

About Debtor 2 (Spouse Only in a Joint Case):

- I have not used any business name or EINs.

Business name(s)

EINs

5. Where you live**1135 Linden Ave, Apt 2
Bellwood, IL 60104**

Number, Street, City, State & ZIP Code

Cook

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy**Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

8. How you will pay the fee **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

- No.
- Yes.

ILNDBKE - Ch 13

| | | | | | |
|----------|------------------|------|----------------|-------------|-----------------|
| District | <u>Dismissed</u> | When | <u>2/16/12</u> | Case number | <u>12-05591</u> |
|----------|------------------|------|----------------|-------------|-----------------|

| | | | | | |
|----------|-------|------|-------|-------------|-------|
| District | _____ | When | _____ | Case number | _____ |
|----------|-------|------|-------|-------------|-------|

| | | | | | |
|----------|-------|------|-------|-------------|-------|
| District | _____ | When | _____ | Case number | _____ |
|----------|-------|------|-------|-------------|-------|

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

- No
- Yes.

| | | | |
|--------|-------|---------------------|-------|
| Debtor | _____ | Relationship to you | _____ |
|--------|-------|---------------------|-------|

| | | | | | |
|----------|-------|------|-------|-----------------------|-------|
| District | _____ | When | _____ | Case number, if known | _____ |
|----------|-------|------|-------|-----------------------|-------|

| | | | |
|--------|-------|---------------------|-------|
| Debtor | _____ | Relationship to you | _____ |
|--------|-------|---------------------|-------|

| | | | | | |
|----------|-------|------|-------|-----------------------|-------|
| District | _____ | When | _____ | Case number, if known | _____ |
|----------|-------|------|-------|-----------------------|-------|

11. Do you rent your residence?

- No. Go to line 12.
- Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
 - No. Go to line 12.
 - Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 Valerie Deane

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

 No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

 No. Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Valerie Deane

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

Debtor 1 Valerie Deane

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 16. What kind of debts do you have? | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | |
| | <input type="checkbox"/> No. Go to line 16b. | | |
| | <input checked="" type="checkbox"/> Yes. Go to line 17. | | |
| 16b. | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | |
| | <input type="checkbox"/> No. Go to line 16c. | | |
| | <input type="checkbox"/> Yes. Go to line 17. | | |
| 16c. | State the type of debts you owe that are not consumer debts or business debts <hr/> | | |
| 17. Are you filing under Chapter 7? | <input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18. | | |
| Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | <input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 18. How many Creditors do you estimate that you owe? | <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 | <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000 |
| 19. How much do you estimate your assets to be worth? | <input type="checkbox"/> \$0 - \$50,000 <input checked="" type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion |
| 20. How much do you estimate your liabilities to be? | <input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below

| | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| For you | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| /s/ Valerie Deane Valerie Deane Signature of Debtor 1 | Signature of Debtor 2 |
| Executed on <u>April 20, 2016</u> MM / DD / YYYY | Executed on _____ MM / DD / YYYY |

Debtor 1 Valerie Deane**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Julie Gleason

Signature of Attorney for Debtor

Date

April 20, 2016

MM / DD / YYYY

Julie Gleason

Printed name

Gleason & Gleason

Firm name

**77 W Washington, Ste 1218
Chicago, IL 60602**

Number, Street, City, State & ZIP Code

Contact phone **(312) 578-9530**

Email address

troy@chicagobk.com**6273536**

Bar number & State

Fill in this information to identify your case:

| | | | |
|-----------------------------------------|-------------------------------|-------------|-----------|
| Debtor 1 | Valerie Deane | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

| | | Your assets Value of what you own |
|-----|---------------------------------------------------------------|---------------------------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) | \$ 0.00 |
| 1a. | Copy line 55, Total real estate, from Schedule A/B..... | \$ 0.00 |
| 1b. | Copy line 62, Total personal property, from Schedule A/B..... | \$ 68,618.00 |
| 1c. | Copy line 63, Total of all property on Schedule A/B..... | \$ 68,618.00 |

Part 2: Summarize Your Liabilities

| | | Your liabilities Amount you owe |
|-----|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | \$ 15,053.00 |
| 2a. | Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ... | \$ 15,053.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | \$ 0.00 |
| 3a. | Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | \$ 0.00 |
| 3b. | Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> | \$ 190,931.08 |
| | | Your total liabilities \$ 205,984.08 |

Part 3: Summarize Your Income and Expenses

| | | |
|----|---------------------------------------------------------------------------|--------------------|
| 4. | Schedule I: Your Income (Official Form 106I) | \$ 1,948.24 |
| | Copy your combined monthly income from line 12 of <i>Schedule I</i> | \$ 1,948.24 |

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Valerie Deane

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

| | |
|----|-----------------|
| \$ | 2,556.91 |
|----|-----------------|

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

| From Part 4 on Schedule E/F, copy the following: | Total claim |
|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ 0.00 |

Fill in this information to identify your case and this filing:

| | | | |
|------------------------------------------------------------------------------|----------------------|-------------|-------------------------------------------------------------|
| Debtor 1 | Valerie Deane | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u> | | | |
| Case number | | | <input type="checkbox"/> Check if this is an amended filing |

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.
- Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
- Yes

3.1 Make: Ford
 Model: Focus
 Year: 2013
 Approximate mileage: 50,000
 Other information:
NADA value

Who has an interest in the property? Check one

- Debtor 1 only
 - Debtor 2 only
 - Debtor 1 and Debtor 2 only
 - At least one of the debtors and another
- Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$11,225.00 \$11,225.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No
- Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$11,225.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- No

Debtor 1 Valerie Deane

 Yes. Describe.....

| |
|-----------------------------------------------------------------------------------------|
| Misc. Household Goods (Bedroom Furniture, Kitchen Appliances, tables, chairs, sofas) |
|-----------------------------------------------------------------------------------------|

\$950.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

 No Yes. Describe.....

| |
|--------------------------------------------------------------------------|
| Consumer Electronics (Including Televisions, Radios, Phones, Stereos) |
|--------------------------------------------------------------------------|

\$600.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

 No Yes. Describe.....

| |
|-----------------------------------|
| Books, Pictures, Videos, and DVDs |
|-----------------------------------|

\$100.00

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

 No Yes. Describe.....**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

 No Yes. Describe.....**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

 No Yes. Describe.....

| |
|---------------|
| Used Clothing |
|---------------|

\$450.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

 No Yes. Describe.....

| |
|-----------------------|
| Misc. Costume Jewelry |
|-----------------------|

\$200.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

 No Yes. Describe.....**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.....

Debtor 1 Valerie Deane

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$2,300.00

Part 4: Describe Your Financial Assets**Do you own or have any legal or equitable interest in any of the following?**

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes.....**Cash on Hand****\$10.00****17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes.....

Institution name:

| | | |
|-----------------------------------------|--------------------------------------|-----------------|
| Other financial account 17.1. | Bank of America pre-paid card | \$200.00 |
|-----------------------------------------|--------------------------------------|-----------------|

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them. No Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes. List each account separately.

Type of account:

Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes.....

Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No

Debtor 1 **Valerie Deane** Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them...**Money or property owed to you?**

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

| |
|-------------------------------------------------|
| Estimated 2015 Federal Income Tax Refund |
|-------------------------------------------------|

Federal

\$4,883.00

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.....

| |
|--------------------------------------------------------------------|
| Estimated Back Owed Child Support - Owed by Danyale Simmons |
|--------------------------------------------------------------------|

Child Support

\$50,000.00

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information..**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 No Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

| |
|--------------------------------------------------------|
| Term Life Insurance Policy w/ Employer - No CSV |
|--------------------------------------------------------|

\$0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information..

Debtor 1 **Valerie Deane****33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim.....**35. Any financial assets you did not already list** No Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$55,093.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?** No. Go to Part 7. Yes. Go to line 47.**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

 No Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 \$0.00

56. Part 2: Total vehicles, line 5 \$11,225.00

57. Part 3: Total personal and household items, line 15 \$2,300.00

58. Part 4: Total financial assets, line 36 \$55,093.00

59. Part 5: Total business-related property, line 45 \$0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$0.00

61. Part 7: Total other property not listed, line 54 + \$0.00

62. Total personal property. Add lines 56 through 61... \$68,618.00 Copy personal property total \$68,618.00

63. Total of all property on Schedule A/B. Add line 55 + line 62 \$68,618.00

Fill in this information to identify your case:

| | | | |
|-----------------------------------------|-------------------------------|-------------|-----------|
| Debtor 1 | Valerie Deane | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt**1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.**

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim <i>Check only one box for each exemption.</i> | Specific laws that allow exemption |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 2013 Ford Focus 50,000 miles NADA value Line from Schedule A/B: 3.1 | \$11,225.00 | <input checked="" type="checkbox"/> \$2,400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(c) |
| Misc. Household Goods (Bedroom Furniture, Kitchen Appliances, tables, chairs, sofas) Line from Schedule A/B: 6.1 | \$950.00 | <input checked="" type="checkbox"/> \$950.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Consumer Electronics (Including Televisions, Radios, Phones, Stereos) Line from Schedule A/B: 7.1 | \$600.00 | <input checked="" type="checkbox"/> \$600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Books, Pictures, Videos, and DVDs Line from Schedule A/B: 8.1 | \$100.00 | <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(a) |
| Used Clothing Line from Schedule A/B: 11.1 | \$450.00 | <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(a) |

Debtor 1 **Valerie Deaner**

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| | | Copy the value from <i>Schedule A/B</i> . | <i>Check only one box for each exemption.</i> |
| Misc. Costume Jewelry Line from <i>Schedule A/B: 12.1</i> | \$200.00 | <input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Cash on Hand Line from <i>Schedule A/B: 16.1</i> | \$10.00 | <input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Other financial account: Bank of America pre-paid card Line from <i>Schedule A/B: 17.1</i> | \$200.00 | <input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Federal: Estimated 2015 Federal Income Tax Refund Line from <i>Schedule A/B: 28.1</i> | \$4,883.00 | <input checked="" type="checkbox"/> \$1,117.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Federal: Estimated 2015 Federal Income Tax Refund Line from <i>Schedule A/B: 28.1</i> | \$4,883.00 | <input checked="" type="checkbox"/> \$3,766.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(g)(1) |
| Child Support: Estimated Back Owed Child Support - Owed by Danyale Simmons Line from <i>Schedule A/B: 29.1</i> | \$50,000.00 | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(g)(4) |

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

 No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Fill in this information to identify your case:

| | | |
|-----------------------------------------|-------------------------------|-------------|
| Debtor 1 | Valerie Deane | |
| | First Name | Middle Name |
| Debtor 2 (Spouse if, filing) | Last Name | |
| | First Name | Middle Name |
| | Last Name | |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS | |
| Case number (if known) | | |

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| 2.1 | Carmax Auto Finance | Describe the property that secures the claim: | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion if any |
|-----|---------------------|-----------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------|
| | Creditor's Name | 2013 Ford Focus 50,000 miles NADA value | \$15,053.00 | \$11,225.00 | \$3,828.00 |

2040 Thalbro St
Richmond, VA 23230

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset)

Purchase Money Security

Opened
7/01/15
Last Active
2/20/16

Date debt was incurred Last 4 digits of account number 8943

Add the dollar value of your entries in Column A on this page. Write that number here:

\$15,053.00

If this is the last page of your form, add the dollar value totals from all pages.

\$15,053.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

| | | | |
|-----------------------------------------|-------------------------------|-------------|-----------|
| Debtor 1 | Valerie Deane | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
 Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | Total claim | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------|
| 4.1 | BioReference Laboratories Nonpriority Creditor's Name 481 Edward H Ross Dr Elmwood Park, NJ 07407 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 6401 | \$294.30 |
| | | When was the debt incurred? 2012 | |
| | As of the date you file, the claim is: Check all that apply | | |
| | <input type="checkbox"/> Contingent | <input type="checkbox"/> Unliquidated | <input type="checkbox"/> Disputed |
| | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical | | |

Debtor 1 Valerie Deaner

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>4.2</p> <p>Cach LLC Nonpriority Creditor's Name 4340 S Monaco St, 2nd Flr Denver, CO 80237 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number 8951</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Judgment</p> | <p>\$2,668.41</p> |
| <hr/> <p>4.3</p> <p>Capital One Nonpriority Creditor's Name PO Box 30281 Salt Lake City, UT 84130 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | | <p>Last 4 digits of account number 895.41</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Use</p> |
| <hr/> <p>4.4</p> <p>Carrington Mortgage Se Nonpriority Creditor's Name 15 Enterprise St Aliso Viejo, CA 92656 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | | <p>Last 4 digits of account number 2686</p> <p>Opened 4/01/06 Last Active 2/02/10</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Real Estate Mortgage</p> |

Debtor 1 **Valerie Deaner**

Document

Page 20 of 71

Case number (if known)

| | | | |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------|
| 4.5 | City of Chicago Nonpriority Creditor's Name Dept. of Revenue-Water Division PO Box 6330 Chicago, IL 60680 | Last 4 digits of account number 0419 | \$235.29 |
| | Number Street City State Zip Code | When was the debt incurred? 2012 | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | <input checked="" type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Contingent | |
| | <input type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Unliquidated | |
| | <input type="checkbox"/> Debtor 1 and Debtor 2 only | <input type="checkbox"/> Disputed | |
| | <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Student loans | |
| | <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Is the claim subject to offset? | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Other. Specify Water bill | |
| | <input type="checkbox"/> Yes | | |
| 4.6 | City of Chicago - Dept of Finance Nonpriority Creditor's Name Administrative Hearings 121 N LaSalle St 107A Chicago, IL 60602 | Last 4 digits of account number 2750 | \$79.80 |
| | Number Street City State Zip Code | When was the debt incurred? 2011 | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | <input checked="" type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Contingent | |
| | <input type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Unliquidated | |
| | <input type="checkbox"/> Debtor 1 and Debtor 2 only | <input type="checkbox"/> Disputed | |
| | <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Student loans | |
| | <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Is the claim subject to offset? | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Other. Specify Tickets | |
| | <input type="checkbox"/> Yes | | |
| 4.7 | ComEd Attn: Bkcy Group Nonpriority Creditor's Name 3 Lincoln Center Oakbrook Terrace, IL 60181 | Last 4 digits of account number 0050 | \$247.63 |
| | Number Street City State Zip Code | When was the debt incurred? 2016 | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | <input checked="" type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Contingent | |
| | <input type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Unliquidated | |
| | <input type="checkbox"/> Debtor 1 and Debtor 2 only | <input type="checkbox"/> Disputed | |
| | <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Student loans | |
| | <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Is the claim subject to offset? | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Other. Specify Utility | |
| | <input type="checkbox"/> Yes | | |

Debtor 1 Valerie Deaner

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------|
| 4.8 | Convergent Nonpriority Creditor's Name Po Box 9004 Renton, WA 98057 Number Street City State Zip Code | Last 4 digits of account number 6051 | \$704.00 |
| Who incurred the debt? Check one. | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | | |
| <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify 11 Sprint | | | |
| 4.9 | Cook County Dept of Revenue Nonpriority Creditor's Name Non-Retailer Use Tax 26335 Network Place Chicago, IL 60673 Number Street City State Zip Code | Last 4 digits of account number 0818 | \$177.19 |
| Who incurred the debt? Check one. | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | | |
| <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Use Tax | | | |
| 4.10 | Credit One Bank Nonpriority Creditor's Name PO Box 98875 Las Vegas, NV 89193 Number Street City State Zip Code | Last 4 digits of account number 6438 | \$1,946.15 |
| Who incurred the debt? Check one. | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | | |
| <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Use | | | |

Debtor 1 Valerie Deaner

Document

Page 22 of 71

Case number (if known)

4.1
1**Creditors Protection S**

Nonpriority Creditor's Name

**308 W State St Ste 485
Rockford, IL 61101**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

3163**\$300.00**

When was the debt incurred?

Opened 10/01/12

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Collection Attorney Midwest Neurological Assoc4.1
2**Diniotis Surgical Group**

Nonpriority Creditor's Name

**5540 W Montrose Ave
Chicago, IL 60641**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

\$1,150.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Medical4.1
3**GE Money Bank**

Nonpriority Creditor's Name

**PO Box 960061
Orlando, FL 32896**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

9101**\$2,380.39**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Credit Use

Debtor 1 **Valerie Deaner**

Document Page 23 of 71

Case number (if known)

4.1
4**GE Monogram Bank/ JC Penney**

Nonpriority Creditor's Name

GE Capital Retail Bank
PO Box 103104
Roswell, GA 30076

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **Credit Use**

Last 4 digits of account number

5254**\$1,603.70**

When was the debt incurred?

4.1
5**Gottlieb Memorial Hospital**

Nonpriority Creditor's Name

701 West North Avenue
Melrose Park, IL 60160

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **Medical**

Last 4 digits of account number

1722**\$319.96**

When was the debt incurred?

2007

As of the date you file, the claim is: Check all that apply

4.1
6**Gottlieb Memorial Hospital**

Nonpriority Creditor's Name

701 West North Avenue
Melrose Park, IL 60160

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **Medical**

Last 4 digits of account number

3455**\$250.00**

When was the debt incurred?

2010

As of the date you file, the claim is: Check all that apply

Debtor 1 **Valerie Deaner**

Document Page 24 of 71

Case number (if known)

4.1
7**Gottlieb Memorial Hospital**

Nonpriority Creditor's Name

**701 West North Avenue
Melrose Park, IL 60160**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

1594**\$200.00**

When was the debt incurred?

2010

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Medical**4.1
8**Gottlieb Memorial Hospital**

Nonpriority Creditor's Name

**701 West North Avenue
Melrose Park, IL 60160**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

8890**\$50.00**

When was the debt incurred?

2007

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Medical**4.1
9**Haresh Sawlani MD PC**

Nonpriority Creditor's Name

**3445 N Central Ave, Unit C
Chicago, IL 60634**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

0000**\$133.94**

When was the debt incurred?

2012-2013

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Medical**

Debtor 1 **Valerie Deaner**

Document

Page 25 of 71

Case number (if known)

4.2
0**IL Bone & Joint Institute**

Nonpriority Creditor's Name

**5057 Paysphere Circle
Chicago, IL 60674**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

1958**\$448.09**

When was the debt incurred?

2013

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Medical**4.2
1**Illinois Department of Revenue**

Nonpriority Creditor's Name

**Bankruptcy Section
PO Box 64338
Chicago, IL 60664-0338**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

Unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Notice Only**4.2
2**Illinois Dept of Employment Security**

Nonpriority Creditor's Name

**Bankruptcy Unit Collection
Subdivis
33 S State St 10th Floor
Chicago, IL 60603**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

Notic Only**Unknown**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Notice Only**

Debtor 1 **Valerie Deaner**

Document Page 26 of 71 Case number (if known)

4.2
3**Internal Revenue Service**

Nonpriority Creditor's Name

**PO Box 7346
Philadelphia, PA 19101-7346**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number _____

Unknown

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Notice Only** _____4.2
4**James J Gomez MD**

Nonpriority Creditor's Name

**PO Box 5350
River Forest, IL 60305**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number **A001****\$302.10**When was the debt incurred? **2013**

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Medical** _____4.2
5**La Clinica**

Nonpriority Creditor's Name

**2715 N Central Ave
Chicago, IL 60639**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number **DE00****\$400.00**When was the debt incurred? **2011**

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Medical** _____

Debtor 1 **Valerie Deaner**

Document Page 27 of 71

Case number (if known)

4.2
6**Loyola University Medical Center**

Nonpriority Creditor's Name

**PO Box 99400
Louisville, KY 40269**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

0021**\$507.81**

When was the debt incurred?

2013

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Medical**4.2
7**Loyola University Medical Center**

Nonpriority Creditor's Name

**PO Box 99400
Louisville, KY 40269**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

0022**\$1,957.78**

When was the debt incurred?

2013

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Medical**4.2
8**Loyola University Medical Ctr**

Nonpriority Creditor's Name

**PO Box 3266
Milwaukee, WI 53201**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

0316**\$603.77**

When was the debt incurred?

2013

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Medical**

Debtor 1 **Valerie Deaner**

Document Page 28 of 71

Case number (if known)

4.2
9**Loyola University Medical Ctr**

Nonpriority Creditor's Name

**PO Box 3021
Milwaukee, WI 53201**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

0037**\$210.50**

When was the debt incurred?

2015

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Medical**4.3
0**Loyola University Medical Ctr**

Nonpriority Creditor's Name

**PO Box 3021
Milwaukee, WI 53201**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

0034**\$119.70**

When was the debt incurred?

2015

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Medical**4.3
1**Loyola University Medical Ctr**

Nonpriority Creditor's Name

**PO Box 3021
Milwaukee, WI 53201**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

0033**\$52.50**

When was the debt incurred?

2015

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Medical**

Debtor 1 **Valerie Deaner**

Document Page 29 of 71

Case number (if known)

4.3
2**LUMC Patient Payments**

Nonpriority Creditor's Name

**PO Box 3021
Milwaukee, WI 53201**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

0024**\$98.21**

When was the debt incurred?

2013

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Medical**4.3
3**LUMC Patient Payments**

Nonpriority Creditor's Name

**PO Box 3021
Milwaukee, WI 53201**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

0036**\$525.50**

When was the debt incurred?

2015

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Medical**4.3
4**Nationwide Credit & Co**

Nonpriority Creditor's Name

**815 Commerce Dr Ste 270
Oak Brook, IL 60523**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

6880**\$52.00**

When was the debt incurred?

Opened 8/01/15

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Collection Attorney Loyola University Health Syste**

Debtor 1 **Valerie Deaner**

Document Page 30 of 71 Case number (if known)

4.3
5**Nicor Gas**

Nonpriority Creditor's Name

Attention: Bankruptcy Department
PO Box 549
Aurora, IL 60507

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number **0267****\$271.60**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Utility**4.3
6**Peoples Engy**

Nonpriority Creditor's Name

200 East Randolph
Chicago, IL 60601

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number **3032****\$495.00****Opened 6/20/11 Last Active 3/16/12**

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Agriculture**4.3
7**Peoples Engy**

Nonpriority Creditor's Name

200 East Randolph
Chicago, IL 60601

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number **0337****\$33.00****Opened 2/16/12 Last Active 6/04/12**

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Agriculture**

Debtor 1 **Valerie Deaner**

Document Page 31 of 71

Case number (if known)

4.3
8**PNC Bank**

Nonpriority Creditor's Name

**Consumer Loan Center
2730 Liberty Ave
Pittsburgh, PA 15222**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No Student loans
 Yes Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Last 4 digits of account number

7135**\$335.04**

When was the debt incurred?

2012

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Consumer Debt**4.3
9**Portfolio Recovery Ass**

Nonpriority Creditor's Name

**120 Corporate Blvd, Ste 100
Norfolk, VA 23502**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No Student loans
 Yes Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Last 4 digits of account number

5404**\$2,340.00**

When was the debt incurred?

Opened 2/01/15

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Factoring Company Account Synchrony Bank**4.4
0**RJM Pathology Consultants**

Nonpriority Creditor's Name

**34520 Eagle Way
Chicago, IL 60678**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No Student loans
 Yes Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Last 4 digits of account number

1740**\$22.54**

When was the debt incurred?

2012

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Medical**

Debtor 1 **Valerie Deaner**

Document

Page 32 of 71

Case number (if known)

| | | | |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 4.4 1 | <p>Santander Consumer Usa Nonpriority Creditor's Name</p> <p>8585 N Stemmons Fwy Ste 1100-N Dallas, TX 75247 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number 1000</p> <p>When was the debt incurred? Opened 11/01/06 Last Active 10/26/11</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Automobile</p> | \$12,781.00 |
| 4.4 2 | <p>Sears/cbna Nonpriority Creditor's Name</p> <p>Po Box 6189 Sioux Falls, SD 57117 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number 1250</p> <p>When was the debt incurred? Opened 8/23/09 Last Active 2/22/16</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Notice Only</p> | \$0.00 |
| 4.4 3 | <p>Springleaf Financial Nonpriority Creditor's Name</p> <p>PO Box 3251 Evansville, IN 47731 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number 1214</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Consumer Debt</p> | \$2,209.78 |

Debtor 1 **Valerie Deaner**

Document Page 33 of 71

Case number (if known)

4.4
4**TCF National Bank**

Nonpriority Creditor's Name

**Attn: Bankruptcy
800 Burr Ridge
Willowbrook, IL 60527**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another Type of NONPRIORITY unsecured claim:
 Check if this claim is for a community debt Student loans
 Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **Consumer Debt/ Ovrdraft**

Last 4 digits of account number **3184****\$10.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

4.4
5**The Igoe Law Firm Ltd**

Nonpriority Creditor's Name

**35 E Wacker Dr, 9th Flr
Chicago, IL 60601**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another Type of NONPRIORITY unsecured claim:
 Check if this claim is for a community debt Student loans
 Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **Notice Only**

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

4.4
6**University of Illinois Medical Ctr**

Nonpriority Creditor's Name

**Patient Accounts
PO Box 12199
Chicago, IL 60612**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another Type of NONPRIORITY unsecured claim:
 Check if this claim is for a community debt Student loans
 Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **Medical**

Last 4 digits of account number **6358****\$100.00**When was the debt incurred? **2011**

As of the date you file, the claim is: Check all that apply

Debtor 1 **Valerie Deaner**4.4
7**Verizon Wireless**

Nonpriority Creditor's Name

**Po Box 49
Lakeland, FL 33802**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

0001**\$612.00****Opened 2/01/11 Last Active
6/30/14**

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.4
8**Village of Schiller Park**

Nonpriority Creditor's Name

**Photo Enforcement Program
75 Remittance Dr, Ste 6658
Chicago, IL 60675**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

7110**\$100.00****When was the debt incurred? 12/2014**

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Red Light Ticket**

4.4
9**Von Maur Chicago Downstate**

Nonpriority Creditor's Name

**c/o H & R Accounts Inc
PO Box 672
Moline, IL 61265**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

\$263.99**When was the debt incurred?**

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit Use**

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Debtor 1 **Valerie Deaner**

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**Advanced Billing & Collections
Spec
2 W Talcott Ave
Park Ridge, IL 60068**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.25 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Allied Interstate
PO Box 4000
Warrenton, VA 20188**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.43 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9864

Name and Address

**Allied Interstate
PO Box 4000
Warrenton, VA 20188**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0112

Name and Address

**Arnold Scott Harris
111 W. Jackson Ste 600
Chicago, IL 60604**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Arnold Scott Harris
111 W. Jackson Ste 600
Chicago, IL 60604**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9794

Name and Address

**Delta Outsource Group Inc
PO Box 1210
O Fallon, MO 63366**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.43 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2234

Name and Address

**First National Collection Bureau
610 Waltham Way
Sparks, NV 89434**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4204

Name and Address

**Frontline Asset Strategies
2700 Snelling Ave N
Ste 250
Saint Paul, MN 55113**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.43 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6388

Name and Address

**Linebarger Goggin Blair &
Sampson
Attorneys at Law
PO Box 06152
Chicago, IL 60606-0152**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Loyola University Health System
PO Box 3021
Milwaukee, WI 53201**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.34 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Loyola University Medical Center

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.32 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Valerie Deaner**

Case number (if known)

**PO Box 99400
Louisville, KY 40269** Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**LVNV Funding
PO Box 740281
Houston, TX 77274**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.43 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Midwest Neurological Assoc
1513 Essington Rd
Joliet, IL 60435**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.11 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Nationwide Credit & Collection Inc.
815 Commerce Dr, Ste 100
Oak Brook, IL 60523**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.26 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0316Name and Address
**Nationwide Credit & Collection Inc.
815 Commerce Dr, Ste 270
Oak Brook, IL 60523**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.28 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6880Name and Address
**Nationwide Credit & Collection Inc.
815 Commerce Dr, Ste 100
Oak Brook, IL 60523**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.27 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0316Name and Address
**NCB Management Services, Inc.
PO Box 1099
Langhorne, PA 19047**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.41 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3851Name and Address
**Northland Group
PO Box 390846
Minneapolis, MN 55439**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.43 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1834Name and Address
**Northland Group
PO Box 390846
Minneapolis, MN 55439**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5693Name and Address
**Portfolio Recovery Associates
120 Corporate Blvd., Ste. 1
Norfolk, VA 23502**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.13 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Powers & Moon LLC
707 Lake Cook Rd, Ste 102
Deerfield, IL 60015**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.15 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Powers & Moon LLC
707 Lake Cook Rd, Ste 102
Deerfield, IL 60015**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **Valerie Deaner**

Name and Address
Powers & Moon LLC
707 Lake Cook Rd, Ste 102
Deerfield, IL 60015

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line 4.17 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Powers & Moon LLC
707 Lake Cook Rd, Ste 102
Deerfield, IL 60015

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line 4.18 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
PYOD LLC
15 S Main St
Greenville, SC 29601

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
PYOD LLC
15 S Main St
Greenville, SC 29601

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Resurgent Capital Services
PO Box 10587
Greenville, SC 29603

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Shindler Law Firm
1990 E Algonquin Rd, Ste 180
Schaumburg, IL 60173

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **8951**

Name and Address
SquareTwo Financial Headquarters
Re: Collect America
4340 S. Monaco, Second Floor
Denver, CO 80237

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line 4.13 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Sunrise Credit Services
PO Box 9168
Farmingdale, NY 11735

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line 4.47 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **7528**

Name and Address
Synchrony Bank
PO Box 965033
Orlando, FL 32896

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line 4.39 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **5404**

Name and Address
Wells Fargo Bank NA
Attn: Bankruptcy Dept
3476 Stateview Blvd
Fort Mill, SC 29715

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line 4.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Weltman Weinberg & Reis
180 N LaSalle St, Ste 2400
Chicago, IL 60601

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line 4.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **7131**

Debtor 1 Valerie Deane

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| Total claims from Part 1 | 6a. Domestic support obligations | 6a. \$ 0.00 | Total Claim |
|--------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|
| | 6b. Taxes and certain other debts you owe the government | 6b. \$ 0.00 | |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. \$ 0.00 | |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. \$ 0.00 | |
| | 6e. Total Priority. Add lines 6a through 6d. | 6e. \$ 0.00 | Total Claim |
| Total claims from Part 2 | 6f. Student loans | 6f. \$ 0.00 | |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$ 0.00 | |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. \$ 0.00 | |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. \$ 190,931.08 | |
| | 6j. Total Nonpriority. Add lines 6f through 6i. | 6j. \$ 190,931.08 | Total Claim |

Fill in this information to identify your case:

| | | | |
|-----------------------------------------|-------------------------------|-------------|-----------|
| Debtor 1 | Valerie Deane | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | | | State what the contract or lease is for |
|--------------------------------------------------------------------------------------------------------------|------|---------------|-----------------------------------------|
| 2.1 | Name | Number Street | City State ZIP Code |
| 2.2 | Name | Number Street | City State ZIP Code |
| 2.3 | Name | Number Street | City State ZIP Code |
| 2.4 | Name | Number Street | City State ZIP Code |
| 2.5 | Name | Number Street | City State ZIP Code |

Fill in this information to identify your case:

| | | | |
|-----------------------------------------|-------------------------------|-------------|-----------|
| Debtor 1 | Valerie Deane | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1 Eric Banks

- Schedule D, line 2.1
 Schedule E/F, line _____
 Schedule G _____
Carmax Auto Finance

Fill in this information to identify your case:

| | |
|-----------------------------------------|--------------------------------------|
| Debtor 1 | Valerie Deane |
| Debtor 2 (Spouse, if filing) | |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS |
| Case number (if known) | |

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

| | Debtor 1 | Debtor 2 or non-filing spouse |
|--------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Employment status | <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed | <input type="checkbox"/> Employed <input type="checkbox"/> Not employed |
| Occupation | Provider Service Rep | |
| Employer's name | MacNeal Hospital | |
| Employer's address | 3249 South Oak Park Avenue Berwyn, IL 60402 | |

How long employed there? **9 months**

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$ 2,556.91 | \$ N/A |
| 3. Estimate and list monthly overtime pay. | 3. +\$ 0.00 | +\$ N/A |
| 4. Calculate gross income. Add line 2 + line 3. | 4. \$ 2,556.91 | \$ N/A |

Debtor 1 **Valerie Deaner**

Case number (if known)

| Copy line 4 here | For Debtor 1 | For Debtor 2 or non-filing spouse |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------|
| 4. | \$ 2,556.91 | N/A |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ 392.54 | \$ N/A |
| 5b. Mandatory contributions for retirement plans | 5b. \$ 0.00 | \$ N/A |
| 5c. Voluntary contributions for retirement plans | 5c. \$ 0.00 | \$ N/A |
| 5d. Required repayments of retirement fund loans | 5d. \$ 0.00 | \$ N/A |
| 5e. Insurance | 5e. \$ 216.13 | \$ N/A |
| 5f. Domestic support obligations | 5f. \$ 0.00 | \$ N/A |
| 5g. Union dues | 5g. \$ 0.00 | \$ N/A |
| 5h. Other deductions. Specify: _____ | 5h.+ \$ 0.00 | + \$ N/A |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. \$ 608.67 | \$ N/A |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ 1,948.24 | \$ N/A |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$ 0.00 | \$ N/A |
| 8b. Interest and dividends | 8b. \$ 0.00 | \$ N/A |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$ 0.00 | \$ N/A |
| 8d. Unemployment compensation | 8d. \$ 0.00 | \$ N/A |
| 8e. Social Security | 8e. \$ 0.00 | \$ N/A |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____ | 8f. \$ 0.00 | \$ N/A |
| 8g. Pension or retirement income | 8g. \$ 0.00 | \$ N/A |
| 8h. Other monthly income. Specify: _____ | 8h.+ \$ 0.00 | + \$ N/A |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. \$ 0.00 | \$ N/A |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ 1,948.24 | + \$ N/A = \$ 1,948.24 |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____ | 11. +\$ 0.00 | |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies | 12. \$ 1,948.24 | |
| 13. Do you expect an increase or decrease within the year after you file this form? | | |
| <input checked="" type="checkbox"/> No. | | |
| <input type="checkbox"/> Yes. Explain: _____ | | |

Fill in this information to identify your case:

| | |
|-----------------------------------------|--------------------------------------|
| Debtor 1 | Valerie Deaner |
| Debtor 2 (Spouse, if filing) | |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS |
| Case number (If known) | |

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and Yes. Fill out this information for each dependent.....

Do not state the dependents names.

| Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
|--------------------------------------------------|-----------------|-------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

| Your expenses | |
|---------------|-----------------|
| 4. \$ | <u>1,150.00</u> |

If not included in line 4:

- 4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues
 5. Additional mortgage payments for your residence, such as home equity loans

| | |
|--------|-------------|
| 4a. \$ | <u>0.00</u> |
| 4b. \$ | <u>0.00</u> |
| 4c. \$ | <u>0.00</u> |
| 4d. \$ | <u>0.00</u> |
| 5. \$ | <u>0.00</u> |

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Debtor 1 Valerie Deane | Case number (if known) |
| <hr/> | |
| 6. Utilities: | |
| 6a. Electricity, heat, natural gas | 6a. \$ 122.00 |
| 6b. Water, sewer, garbage collection | 6b. \$ 50.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ 100.00 |
| 6d. Other. Specify: _____ | 6d. \$ 0.00 |
| 7. Food and housekeeping supplies | 7. \$ 300.00 |
| 8. Childcare and children's education costs | 8. \$ 0.00 |
| 9. Clothing, laundry, and dry cleaning | 9. \$ 25.00 |
| 10. Personal care products and services | 10. \$ 25.00 |
| 11. Medical and dental expenses | 11. \$ 25.00 |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. \$ 60.00 |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ 0.00 |
| 14. Charitable contributions and religious donations | 14. \$ 0.00 |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | |
| 15a. Life insurance | 15a. \$ 0.00 |
| 15b. Health insurance | 15b. \$ 0.00 |
| 15c. Vehicle insurance | 15c. \$ 100.00 |
| 15d. Other insurance. Specify: _____ | 15d. \$ 0.00 |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | 16. \$ 0.00 |
| 17. Installment or lease payments: | |
| 17a. Car payments for Vehicle 1 | 17a. \$ 317.00 |
| 17b. Car payments for Vehicle 2 | 17b. \$ 0.00 |
| 17c. Other. Specify: _____ | 17c. \$ 0.00 |
| 17d. Other. Specify: _____ | 17d. \$ 0.00 |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. \$ 0.00 |
| 19. Other payments you make to support others who do not live with you. Specify: _____ | \$ 0.00 |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | |
| 20a. Mortgages on other property | 20a. \$ 0.00 |
| 20b. Real estate taxes | 20b. \$ 0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ 0.00 |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ 0.00 |
| 20e. Homeowner's association or condominium dues | 20e. \$ 0.00 |
| 21. Other: Specify: _____ | 21. +\$ 0.00 |
| 22. Calculate your monthly expenses | |
| 22a. Add lines 4 through 21. | \$ 2,274.00 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ 2,274.00 |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | \$ 2,274.00 |
| 23. Calculate your monthly net income. | |
| 23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I. | 23a. \$ 1,948.24 |
| 23b. Copy your monthly expenses from line 22c above. | 23b. -\$ 2,274.00 |
| 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. \$ -325.76 |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | |
| <input checked="" type="checkbox"/> No. | |
| <input type="checkbox"/> Yes. | Explain here: _____ |

Fill in this information to identify your case:

| | | | |
|-----------------------------------------|-------------------------------|-------------|-----------|
| Debtor 1 | Valerie Deaner | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

[REDACTED] Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Valerie Deaner

Valerie Deaner
Signature of Debtor 1

Date April 20, 2016

X

Signature of Debtor 2

Date _____

Fill in this information to identify your case:

| | | | |
|-----------------------------------------|-------------------------------|-------------|-----------|
| Debtor 1 | Valerie Deane | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1
lived there

Debtor 2 Prior Address:

Dates Debtor 2
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No
 Yes. Fill in the details.

| From January 1 of current year until the date you filed for bankruptcy: | Debtor 1 | | Debtor 2 | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$8,262.54 | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | |

| | Debtor 1 Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Debtor 2 Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| For last calendar year: (January 1 to December 31, 2015) | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$21,810.00 | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | |
| For the calendar year before that: (January 1 to December 31, 2014) | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$1.00 | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | |

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No
- Yes. Fill in the details.

| Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of income Describe below. | Gross income (before deductions and exclusions) |
|----------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------|
| | | | |

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

- No. Go to line 7.
- Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.
- Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this payment for ... |
|-----------------------------------------------------------|-----------------------|-------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Carmax 12800 Tuckahoe Creek Pkwy Richmond, VA 23238 | Jan, Feb & March 2016 | \$951.00 | \$15,053.00 | <input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |

Debtor 1 Valerie Deane

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|----------------------------|------------------|-------------------|----------------------|-------------------------|
|----------------------------|------------------|-------------------|----------------------|-------------------------|

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider.

| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|----------------------------|------------------|-------------------|----------------------|-------------------------|
|----------------------------|------------------|-------------------|----------------------|-------------------------|

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

| Case title Case number | Nature of the case | Court or agency | Status of the case |
|---------------------------|--------------------|-----------------|--------------------|
|---------------------------|--------------------|-----------------|--------------------|

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

 No. Go to line 11. Yes. Fill in the information below.

| Creditor Name and Address | Describe the Property | Date | Value of the property |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------|
| Explain what happened | | | |
| Wells Fargo Bank NA Attn: Bankruptcy Dept 3476 Stateview Blvd Fort Mill, SC 29715 | 1624 N Major Ave, Chicago, IL 60639 | 07/2012 | \$48,000.00 |
| | <input type="checkbox"/> Property was repossessed. <input checked="" type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied. | | |

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details.

| Creditor Name and Address | Describe the action the creditor took | Date action was taken | Amount |
|---------------------------|---------------------------------------|-----------------------|--------|
|---------------------------|---------------------------------------|-----------------------|--------|

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- No
 Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|--------------------------------------------------------|--------------------|--------------------------|-------|
| Person to Whom You Gave the Gift and Address: | | | |

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- No
 Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | Describe what you contributed | Dates you contributed | Value |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-------|
| | | | |

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- No
 Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------|
| | | | |

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- No
 Yes. Fill in the details.

| Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------|-------------------|
| Gleason & Gleason 77 W. Washington, Ste 1218 Chicago, IL 60602 http://chilawyers.com | \$90.00 attorney fees plus \$335.00 court filing fee. | 4/2/2016 | \$425.00 |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------|------|--------|
| Summit Financial Education Inc 4800 E Flower St Tucson, AZ 85712 http://summitfe.org | Credit Counseling | 2016 | \$9.95 |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------|------|--------|

Debtor 1 Valerie Deane

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

No
 Yes. Fill in the details.

| Person Who Was Paid Address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|--------------------------------|---------------------------------------------------|-----------------------------------|-------------------|
|--------------------------------|---------------------------------------------------|-----------------------------------|-------------------|

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No
 Yes. Fill in the details.

| Person Who Received Transfer Address | Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|-----------------------------------------|-----------------------------------------------|----------------------------------------------------------------------|------------------------|
| Person's relationship to you | | | |

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No
 Yes. Fill in the details.

| Name of trust | Description and value of the property transferred | Date Transfer was made |
|---------------|---------------------------------------------------|------------------------|
|---------------|---------------------------------------------------|------------------------|

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

| Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--------------------------------------------------------------------------------------|---------------------------------|-------------------------------|------------------------------------------------------|-----------------------------------------|
|--------------------------------------------------------------------------------------|---------------------------------|-------------------------------|------------------------------------------------------|-----------------------------------------|

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

| Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------|-----------------------|
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------|-----------------------|

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No
 Yes. Fill in the details.

| Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------|-----------------------|
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------|-----------------------|

Debtor 1 Valerie Deane

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

 No Yes. Fill in the details.

Owner's Name

Address (Number, Street, City, State and ZIP Code)

Where is the property?

(Number, Street, City, State and ZIP Code)

Describe the property

Value

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

 No Yes. Fill in the details.

Name of site

Address (Number, Street, City, State and ZIP Code)

Governmental unit

Address (Number, Street, City, State and ZIP Code)

Environmental law, if you know it

Date of notice

25. Have you notified any governmental unit of any release of hazardous material?

 No Yes. Fill in the details.

Name of site

Address (Number, Street, City, State and ZIP Code)

Governmental unit

Address (Number, Street, City, State and ZIP Code)

Environmental law, if you know it

Date of notice

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

 No Yes. Fill in the details.

Case Title

Case Number

Court or agency

Name

Address (Number, Street, City, State and ZIP Code)

Nature of the case

Status of the case

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business.

Business Name

Address

(Number, Street, City, State and ZIP Code)

Describe the nature of the business

Name of accountant or bookkeeper

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

 No Yes. Fill in the details below.

Name

Address

(Number, Street, City, State and ZIP Code)

Date Issued

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Valerie Deaner

Valerie Deaner

Signature of Debtor 1

Signature of Debtor 2

Date April 20, 2016

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

 No Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

 No Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

| | | | |
|-----------------------------------------|-------------------------------|-------------|-----------|
| Debtor 1 | Valerie Deane | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|-----------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------|
|-----------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------|

Creditor's name:

Carmax Auto Finance

name:

Description of property securing debt:

2013 Ford Focus 50,000 miles
NADA value

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a
Reaffirmation Agreement.

Retain the property and [explain]:

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name:

No

Description of leased Property:

Yes

Lessor's name:

No

Description of leased Property:

Yes

Lessor's name:

No

Debtor 1 **Valerie Deane**

Case number (*if known*) _____

Description of leased
Property:

Yes

Lessor's name:
Description of leased
Property:

No

Yes

Debtor 1 Valerie Deane

Case number (*if known*) _____

Part 3: **Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Valerie Deane
Valerie Deane
Signature of Debtor 1

X _____
Signature of Debtor 2

Date April 20, 2016

Date _____

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | |
|--------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | |
|-------------------|--------------------|
| \$1,167 | filing fee |
| + \$550 | administrative fee |
| \$1,717 total fee | |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | |
|--------|---------------------------|
| \$200 | filing fee |
| + \$75 | <u>administrative fee</u> |
| \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | |
|--------|---------------------------|
| \$235 | filing fee |
| + \$75 | <u>administrative fee</u> |
| \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:
http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court
Northern District of Illinois

In re Valerie Deaner

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

- Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | |
|-------------------------------------------------------------|------------------|
| For legal services, I have agreed to accept | \$ 940.00 |
| Prior to the filing of this statement I have received | \$ 90.00 |
| Balance Due | \$ 850.00 |

- \$ **335.00** of the filing fee has been paid.

- The source of the compensation paid to me was:

Debtor Other (specify):

- The source of compensation to be paid to me is:

Debtor Other (specify):

- I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
 I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

- In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. [Other provisions as needed]
 - a. **Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;**
 - b. **Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;**
 - c. **Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;**
- By agreement with the debtor(s), the above-disclosed fee does not include the following service:
 - a. **Representation of the debtors in any dischargeability actions, judicial lien avoidances, or any other adversary proceeding.**
 - b. **Debtor is responsible for the 2 mandatory credit counseling classes.**
 - c. **This fee agreement does not include representation in motions to redeem.**

In re Valerie Deaner

Debtor(s)

Case No. _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)
(Continuation Sheet)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

April 20, 2016

Date

/s/ Julie Gleason

Julie Gleason 6273536

Signature of Attorney

Gleason & Gleason

77 W Washington, Ste 1218

Chicago, IL 60602

(312) 578-9530 Fax: (312) 578-9524

troy@chicagobk.com

Name of law firm



Gleason & Gleason

Chapter 7 Information and Advice

Attorney fees \$940 + Court costs \$335 = \$1275 total costs

Payment Plan: 3 payments of \$425. If all fees are not paid prior to the filing of your case, you will be asked to sign a post-petition fee agreement for services rendered after the filing of your case.

Fees Cover: Intake appointment with attorney, petition preparation, representation at your first meeting of creditors, answering creditor calls and requests.

FEES DO NOT COVER: Credit counseling - there are 2 MANDATORY CLASSES. Additional litigation for adversaries, redemptions, defense of motions brought on behalf of a creditor or a trustee, or conversion of a chapter 7 to a chapter 13. You will be charged \$30 to add any creditors after the case is filed. You will be charged \$100 for us to attend a second meeting of creditors if you miss your first meeting. If your case is closed for failure to take the second class, the court will require you to pay \$260 to reopen the case.
Initial here: I understand it is the policy of Gleason and Gleason that I am required to take my second class between case filing and my first 341 meeting of creditors. **I understand that if my case closes without discharge and my certificate is dated after the first 341 meeting of creditors it is my responsibility to pay \$260 to reopen it.**

Typical dischargeable debts: credit cards, medical bills, utilities, unsecured judgments, repossessions, personal loans, payday loans

Non dischargeable debts: Alimony, child support, debts owed under a divorce decree, student loans, traffic tickets, parking tickets, fines, criminal restitution, debt for personal injury or death related to a DUI, overpayment of government benefits, taxes. Co-signors are still responsible for debts. Credit card charges over \$500 in the last 90 days and cash advances over \$750 in the last 70 days may not be discharged.

Secured Loans Surrendering: (House|Car|Furniture|Jewelry) If you are surrendering a car or a house you are still responsible for tickets, code violations, HOA Fees etc until ownership title is transferred - usually through a sale, like an auction of the car or house. Title is not transferred through the bankruptcy process. You will be responsible for utilities if not disconnected. Loans through municipal credit unions may be secured by pensions. **Credit union loans** may be cross collateralized with other credit union loans.

Secured Loans Keeping: **Initial here:** _____ I understand I must continue to make regular payments on all secured loans I am keeping. I may have to mail in payments as auto debit and check by phone may be disabled until a debt is reaffirmed. I understand I am required to maintain insurance. I understand that if I am keeping a property I must pay all mortgages including but not limited to 2nd mortgages and home equity lines of credit.

Payday Loans|Autodebits|Post dated checks: You must stop them with your bank. It may require closing the bank account.
Utilities: If you bankrupt your utilities they are allowed to charge a deposit for future service and you must pay for any service used after your filing date forward. If you bankrupt a phone or cellular service they may discontinue service.

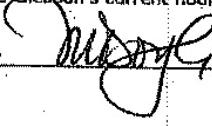
Credit reporting: We pull credit reports from Transunion and Experian. We cannot guarantee the accuracy or completeness of the reports. Some creditors do not report to credit bureaus. It is your responsibility to review the report and inform us of any missing bills.

Gleason and Gleason does not perform and this contract does not include any services relating to credit repair or correcting inaccurate credit reports. Credit bureaus may or may not report information regarding payments on cars or real estate you are keeping.

Clients agree that they have received the following documents: copy of this retainer agreement, list of required items to file bankruptcy, debtor's duties as required under sec. 521, notice required by sec 527(a)(2), notice required by sec 527(b). Checks may be deposited electronically. Client agrees to pay reasonable attorney fees if collections become necessary.

Refund Policy: If Client wants to terminate Gleason and Gleason, Client must notify Gleason and Gleason in writing. Gleason and Gleason will then perform an accounting of time and services performed and issue a refund check (if applicable) within a reasonable time. For the purpose of determining the refund due, Gleason and Gleason's current hourly rate is \$300 an hour for attorney time.

Client: 

Attorney: 

Joint Client: _____



Gleason & Gleason

Chapter 7 Bankruptcy Retainer Agreement

THE UNDERSIGNED CLIENT(S) EMPLOYS AND RETAINS GLEASON AND GLEASON, HEREINAFTER, ATTORNEY TO REPRESENT CLIENT(S) IN FILING A VOLUNTARY CHAPTER 7 BANKRUPTCY PETITION

THE PRE-PETITION SERVICES ATTORNEY WILL PROVIDE ARE CONSULTATION AND ADVICE, CONTACT AND COMMUNICATION WITH CREDITORS, PREPARATION OF THE BANKRUPTCY PETITION, SCHEDULES, STATEMENT OF FINANCIAL AFFAIRS, STATEMENT OF SOCIAL SECURITY NUMBER, MEANS TEST. CLIENT UNDERSTANDS THAT HE/SHE/ THEY ARE SOLELY RESPONSIBLE FOR COMPLETING PRE-FILING CREDIT COUNSELING AND MUST OBTAIN A CERTIFICATE WHICH MUST BE FILED WITH THE COURT AT THE TIME OF FILING HIS/HER/ THEIR PETITION. CLIENT IS RESPONSIBLE FOR ALL COSTS ASSOCIATED WITH SAID COUNSELING.

THE EARNED FEE FOR THE PREPETITION SERVICE IS \$ 70 . 00

FILING FEE OF \$ 335.00

TOTAL OF PREPETITION SERVICE AND FILING FEE (PAYABLE TO GLEASON AND GLEASON): \$ 425.00

RETAINED WITH (CASH | CHECK | DEBIT | MONEY ORDER) \$ 425.00

BALANCE DUE FOR PRE-PETITION ATTORNEY FEES AND FILING FEE \$ 0

AFTER THE BANKRUPTCY CASE IS FILED I UNDERSTAND THAT I WILL BE PRESENTED WITH A SECOND RETAINER AGREEMENT TO PAY GLEASON AND GLEASON ATTORNEY FEES OF \$ 850.00 FOR POST FILING LEGAL SERVICES AND HAVE BEEN GIVEN A COPY OF THE PROPOSED AGREEMENT.

CLIENT UNDERSTANDS THAT ONCE THE BANKRUPTCY CASE IS FILED THEY WILL NOT BE LEGALLY OBLIGATED FOR ANY OTHER FEES UNLESS AND UNTIL THEY ENTER INTO A SECOND RETAINER AGREEMENT PROMISING TO PAY FEES FOR THE REMAINDER OF MY REPRESENTATION IN THIS CASE. CLIENT UNDERSTANDS THAT THEY ARE NOT OBLIGATED TO ENTER INTO AND MAY REFUSE TO SIGN THE SECOND RETAINER AGREEMENT. HOWEVER, GLEASON AND GLEASON RESERVES THE RIGHT TO WITHDRAW FROM REPRESENTATION IN THE EVENT THAT I DO NOT SIGN A SECOND RETAINER WITHIN 30 DAYS OF THE FILING OF MY CASE. CLIENT MAY SEEK OTHER LEGAL COUNSEL IF THEY DO NOT WISH TO BE REPRESENTED BY GLEASON AND GLEASON.

I UNDERSTAND THAT FEES PAID OR TO BE PAID ARE A FLAT FEE WHICH SHALL IMMEDIATELY BECOME PROPERTY OF GLEASON AND GLEASON IN AN EXCHANGE FOR A COMMITMENT BY GLEASON AND GLEASON TO PROVIDE LEGAL SERVICES. FUNDS WILL BE DEPOSITED INTO THE MAIN BANK ACCOUNT AND USED FOR GENERAL EXPENSES OF GLEASON AND GLEASON.

LOCAL RULE 2091-1 (B) DISCLOSURE WITHDRAWAL ADDITION, AND SUBSTITUTION OF COUNSEL

FAILURE TO PAY - IN A CASE UNDER CHAPTER 7 OF THE BANKRUPTCY CODE, INCLUDING A CASE CONVERTED FROM CHAPTER 13, WHERE (1) THE DEBTOR'S ATTORNEY HAS AGREED TO REPRESENT THE DEBTOR CONDITIONED ON THE DEBTOR ENTERING INTO AN AGREEMENT AFTER THE FILING OF THE CASE TO PAY THE ATTORNEY FOR SERVICES RENDERED AFTER THE FILING OF THE CASE AND (2) THE DEBTOR REFUSES TO ENTER INTO SUCH AN AGREEMENT, THE COURT MAY ALLOW THE ATTORNEY TO WITHDRAW FROM REPRESENTATION OF THE DEBTOR ON MOTION OF THE ATTORNEY.

DATE _____

CLIENT John D

ATTORNEY J. M. Gleason

JOINT CLIENT _____

Advanced Billing & Collections Spec
2 W Talcott Ave
Park Ridge, IL 60068

Allied Interstate
PO Box 4000
Warrenton, VA 20188

Arnold Scott Harris
111 W. Jackson Ste 600
Chicago, IL 60604

BioReference Laboratories
481 Edward H Ross Dr
Elmwood Park, NJ 07407

Cach LLC
4340 S Monaco St, 2nd Flr
Denver, CO 80237

Capital One
PO Box 30281
Salt Lake City, UT 84130

Carmax Auto Finance
2040 Thalbro St
Richmond, VA 23230

Carrington Mortgage Se
15 Enterprise St
Aliso Viejo, CA 92656

City of Chicago
Dept. of Revenue-Water Division
PO Box 6330
Chicago, IL 60680

City of Chicago - Dept of Finance
Administrative Hearings
121 N LaSalle St 107A
Chicago, IL 60602

ComEd Attn: Bkcy Group
3 Lincoln Center
Oakbrook Terrace, IL 60181

Convergent
Po Box 9004
Renton, WA 98057

Cook County Dept of Revenue
Non-Retailer Use Tax
26335 Network Place
Chicago, IL 60673

Credit One Bank
PO Box 98875
Las Vegas, NV 89193

Creditors Protection S
308 W State St Ste 485
Rockford, IL 61101

Delta Outsource Group Inc
PO Box 1210
O Fallon, MO 63366

Diniotis Surgical Group
5540 W Montrose Ave
Chicago, IL 60641

Eric Banks

First National Collection Bureau
610 Waltham Way
Sparks, NV 89434

Frontline Asset Strategies
2700 Snelling Ave N
Ste 250
Saint Paul, MN 55113

GE Money Bank
PO Box 960061
Orlando, FL 32896

GE Monogram Bank/ JC Penney
GE Capital Retail Bank
PO Box 103104
Roswell, GA 30076

Gottlieb Memorial Hospital
701 West North Avenue
Melrose Park, IL 60160

Haresh Sawlani MD PC
3445 N Central Ave, Unit C
Chicago, IL 60634

IL Bone & Joint Institute
5057 Paysphere Circle
Chicago, IL 60674

Illinois Department of Revenue
Bankruptcy Section
PO Box 64338
Chicago, IL 60664-0338

Illinois Dept of Employment Security
Bankruptcy Unit Collection Subdivis
33 S State St 10th Floor
Chicago, IL 60603

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

James J Gomez MD
PO Box 5350
River Forest, IL 60305

La Clinica
2715 N Central Ave
Chicago, IL 60639

Linebarger Goggan Blair & Sampson
Attorneys at Law
PO Box 06152
Chicago, IL 60606-0152

Loyola University Health System
PO Box 3021
Milwaukee, WI 53201

Loyola University Medical Center
PO Box 99400
Louisville, KY 40269

Loyola University Medical Ctr
PO Box 3266
Milwaukee, WI 53201

Loyola University Medical Ctr
PO Box 3021
Milwaukee, WI 53201

LUMC Patient Payments
PO Box 3021
Milwaukee, WI 53201

LVNV Funding
PO Box 740281
Houston, TX 77274

Midwest Neurological Assoc
1513 Essington Rd
Joliet, IL 60435

Nationwide Credit & Co
815 Commerce Dr Ste 270
Oak Brook, IL 60523

Nationwide Credit & Collection Inc.
815 Commerce Dr, Ste 100
Oak Brook, IL 60523

Nationwide Credit & Collection Inc.
815 Commerce Dr, Ste 270
Oak Brook, IL 60523

NCB Management Services, Inc.
PO Box 1099
Langhorne, PA 19047

Nicor Gas
Attention: Bankruptcy Department
PO Box 549
Aurora, IL 60507

Northland Group
PO Box 390846
Minneapolis, MN 55439

Peoples Engy
200 East Randolph
Chicago, IL 60601

PNC Bank
Consumer Loan Center
2730 Liberty Ave
Pittsburgh, PA 15222

Portfolio Recovery Ass
120 Corporate Blvd, Ste 100
Norfolk, VA 23502

Portfolio Recovery Associates
120 Corporate Blvd., Ste. 1
Norfolk, VA 23502

Powers & Moon LLC
707 Lake Cook Rd, Ste 102
Deerfield, IL 60015

PYOD LLC
15 S Main St
Greenville, SC 29601

Resurgent Capital Services
PO Box 10587
Greenville, SC 29603

RJM Pathology Consultants
34520 Eagle Way
Chicago, IL 60678

Santander Consumer Usa
8585 N Stemmons Fwy Ste 1100-N
Dallas, TX 75247

Sears/cbna
Po Box 6189
Sioux Falls, SD 57117

Shindler Law Firm
1990 E Algonquin Rd, Ste 180
Schaumburg, IL 60173

Springleaf Financial
PO Box 3251
Evansville, IN 47731

SquareTwo Financial Headquarters
Re: Collect America
4340 S. Monaco, Second Floor
Denver, CO 80237

Sunrise Credit Services
PO Box 9168
Farmingdale, NY 11735

Synchrony Bank
PO Box 965033
Orlando, FL 32896

TCF National Bank
Attn: Bankruptcy
800 Burr Ridge
Willowbrook, IL 60527

The Igoe Law Firn Ltd
35 E Wacker Dr, 9th Flr
Chicago, IL 60601

University of Illinois Medical Ctr
Patient Accounts
PO Box 12199
Chicago, IL 60612

Verizon Wireless
Po Box 49
Lakeland, FL 33802

Village of Schiller Park
Photo Enforcement Program
75 Remittance Dr, Ste 6658
Chicago, IL 60675

Von Maur Chicago Downstate
c/o H & R Accounts Inc
PO Box 672
Moline, IL 61265

Wells Fargo Bank NA
Attn: Bankruptcy Dept
3476 Stateview Blvd
Fort Mill, SC 29715

Weltman Weinberg & Reis
180 N LaSalle St, Ste 2400
Chicago, IL 60601

**United States Bankruptcy Court
Northern District of Illinois**

In re Valerie Deaner

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: _____ **67**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: April 20, 2016

/s/ Valerie Deaner

Valerie Deaner

Signature of Debtor